

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3 Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1 Article Addressed to 12-6-02

\* 01-348

Pantelis Michalopoulos  
 Steptoe & Johnson LLP  
 1330 Connecticut Avenue, N W  
 Washington, DC 20036-

2 Article Number (Copy from service label)

0023 0771 2788

PS Form 3811, July 1999

## COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Lark B. Date of Delivery 12/16/02C. Signature Kathy ☐ Agent ☒ AddresseeD. Is delivery address different from item 1? ☐ Yes ☒ No  
If YES, enter delivery address below.

3 Service Type

- ☐ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D

4 Restricted Delivery? (Extra Fee) ☐ YesDOCKET NO. 01-348

ORDER DATED <u>12-6-02</u>
FCC <u>02M-109</u>
MIMEOGRAPH NO.

**REQUESTED**

**NAME:** Pantelis Michalopoulos  
 Steptoe & Johnson LLP  
 1330 Connecticut Avenue, N W  
 Washington, DC 20036-

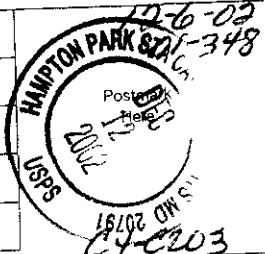
C. R. R. NO.

BY .....

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage	\$ <u>37</u>
Certified Fee	<u>2.30</u>
Return Receipt Fee (Endorsement Required)	<u>1.75</u>
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ <u>4.42</u></b>



Name (Please Print Clearly) (to be completed by mailer)  
Pantelis Michalopoulos  
 Street, Apt. No. or PO Box No.  
1330 CONNECTICUT AVENUE, N.W  
 City, State, ZIP+4  
WASHINGTON, DC 20036

PS Form 3800, July 1999

See Reverse for Instructions

7000 0600 0023 0771 2788